DURHAM COUNTY BOARD OF ELECTIONS



NOTICE OF CANDIDACY FOR LEGISLATIVE & LOCAL OFFICES 2004

TO THE DURHAM COUNTY BOARD OF ELECTIONS: I hereby file notice as a candidate for nomination as County (Name of Office) District A Charles (Name of Political Party) District A Charles (Name of Political Party) Party Primary Election scheduled for July 20, 2004*. Party, and I certify that I am now registered on the Party. Party, and I certify that I am now registered on the Party. I further certify that I have not changed my political party affiliation within the past ninety (90) days, nor lave I changed from "unaffiliated" status to my current affiliation within the past ninety (90) days. I pledge that if I am defeated in the primary, I will not run for any office as a write-in candidate in the next of the primary of Candidate in the next of City, State, Zip Mailing Address Mailing Address Mailing Address ARRAW With Telephone Mailing Address ARRAW With Telephone Mailing Address
City, State, Zip
Certification of Notice of Candidacy I hereby certify that WARREN L, HERN DON, the candidate who signed above, personally appeared (Name as it will appear on Ballot) before me this day and signed his/her signature to the above Notice of Candidacy or acknowledged his/her
signature to be the same. This
My commission expires: 3/ May 2006
Verification by County Board
The undersigned has examined the voter registration records in

Statement of Organization - Candidate Committee

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Amendmen	ł	
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Statement of Dag		
1. Committee Information a. Full Name COMM, Lee TO Elect V	JARJON L. W	c.1) Number
3. Filli Manie		
71- Codo		d. Date Organized
b. Multing Address (include City, State and Zip Code)		5/7/200
P.C. BOX 1992		e. Phone Number
Durhay N.C. 27702		546-4655
Y S A Y S	Candidate's Prima	ry Committee
2. Candidate Information	c. Candidate ID Number	d. Party Affiliation
a. Full Name		Dezwood
WARREN L. Herridan	e. Office Sought	[, Jurisdiction
5. Mailing Address (include City, State, and Zip Code)	e. Office sough	1 17/4
7714 ChenAult DR.	1 cennts	Envissance 2T-Lity
Durby N.C. 27702	(If office sought is no	onpartisan, write "Nonpartisan" in [d]
JARMANY NICE 2/102	į .	Party Affiliation.)
	4. Custodian of Bool	ks Information
3. Treasurer Information	a. Full Name	
a. Full Name		
b. Mallipg Address (include City, State, and Zip Code)		Give Sala and Zin Code)
Malling Address (include City, State, and Zip Code)	h. Mailing Address (inch	nde City, State, and Zip Code)
1714 Chimacht Mer		
Darkten N.C 27707		
c. Phone Number d. Email Address	c. Phone Number	d. Email Address
596-4955 Warren will ciclicon-	_[
Add	6. Account Informa	ation (incl. CRO-3500) Add
5. Assistant Treasurer Information Add Remove	a. Financial Institution l	
n. Full Name		
	<u> </u>	
b. Mailing Address (include City, State, and Zip Code)	b. Purpose	
<u> </u>	ì	
		1.2
c. Phone Number d. Email Address	c. Code	d. Type
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	<u>l</u>	
CERTIFICATION	•	
I certify that the Committee is in compliance with all prov	risions of Article 22A,	including that no runds are commingted
I certify that the Committee is in compliance with all provide with funds for a federal or out-of-state PAC. I further say	that this report is com	plete, true and correct.
With Initia for a federal of our	1.111.1	~ 6/7/200
11 Million of Not	1 1 to 1 -	11/404
WARRENGINET	Signature of Appointed Tree	asurer Date
Printed Name of Signer		May 20



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

FILED BY:	
Candidate Name:	Warren L. Herrybur
Treasurer Name:	WARREN L HAMMAL
Treasurer Address:	P.C. Box 1992
(include city, state, & zip)	Direkton N.C. 27702
Treasurer Phone:	919.54.4055
the duties and responsibilit	rmation is correct, and I, as candidate, appoint said treasurer to personally fulfill ies imposed upon the appointed treasurer and subject to the penalties and II. Regulation of Election Campaigns of Chapter 163 of the North Carolina
I understand that if the abothe existing Statement of C	ve Treasurer changes, it will be necessary to certify a new treasurer and amend organization within 10 days of the vacancy.
5/6/2004	Signature q#Candidate
Date Signed	J. Signature the angulate



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State Board of Elections

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Certification of Threshold

FILED BY:	Committee To Host WARRANT, HERREN			
Committee Name:	Cévinitée To Etact Willen L. HERVIER			
Treasurer Name:	Waven L. HERWILL			
Treasurer Address:	P.O. BOX 1992			
(include city, state, & zip)	Duringer N.C. 27707			
•				
Treasurer Phone:	919-596.4855			
election cycle under the pr until the end of the election expenditures during this elections and file require	nmittee intends to neither receive nor expend more than \$3,000 during the current occdures set forth in G.S. 163-278.10A. This certification will remain in effect a cycle for this committee. If this committee exceeds \$3,000 in contributions or lection cycle, I understand that I must immediately notify the appropriate board ed campaign finance reports.			
I am withdrawing my Certification to remain under the \$3000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all Tuture reports required.				
Date Signed	Signature			